

**PREVIOUSLY APPROVED PROGRAM  
30 DAY NOTICE**

NAME OF PROGRAM \_\_\_\_\_ PROGRAM NUMBER \_\_\_\_\_

SPONSOR \_\_\_\_\_

COORDINATOR \_\_\_\_\_

PHONE NO. \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

APPROVED: ☐ YES ☐ NO

COURSE LOCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) AND TIME \_\_\_\_\_

PROGRAM HOURS \_\_\_\_\_ ☐ APPRAISAL \_\_\_\_\_ ☐ LAW MANAGEMENT

INSTRUCTIONS:

1. COMPLETE ALL THE SECTIONS OF THIS FORM FOR ALL CURRENTLY APPROVED PROGRAMS. THIS NOTIFICATION MUST BE RETURNED TO THE OFFICE 30 DAYS PRIOR TO THE NEW OFFERING DATES.
2. IF THE INSTRUCTOF HAS NOT BEEN PREVIOUSLY APPROVED FOR THIS PROGRAM, AN INSTRUCTOR RESUME MUST ACCOMPANY THIS NOTIFICATION.

RETURN TO:

ASSESSOR CERTIFICATION AND TRAINING  
OFFICE OF ASSESSMENT PRACTICES, MS 6-97  
PO BOX 8971  
MADISON, WI 53708-8971

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FOR DEPARTMENT USE ONLY: